

Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED OFF

Office of Campaign and Political Finance

of Massachusetts		P3- 14 O	
Fill in Reporting Period dates: Beginning Date:	11/21	Ending Date:	or Town Clerk or Election Commission
Type of Report: (Check one)			
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election year-en	nd report dissolution
Candidate Full Name (if applicable) TAUNTUN CITY COMCA Office Sought and District H2 POWN ST TGUNTUN, MA 02780 Residential Address E-mail: DWPONIEC & GMCAL COM Phone # (optional):	E-mail:Phone # (c	Committee Mailin	the Treasurer
SUMMARY BALANCE	E INFO	RMATION:	
Line 1: Ending Balance from previous report		451.79	
Line 2: Total receipts this period (page 3, line 11)		422.53	
Line 3: Subtotal (line 1 plus line 2)		874.32	
Line 4: Total expenditures this period (page 5, line 14)		422.53	
Line 5: Ending Balance (line 3 minus line 4)	451.79		
Line 6: Total in-kind contributions this period (pag	-0-		
Line 7: Total (all) outstanding liabilities (page 7)	20,711.73		
Line 8: Name of bank(s) used:	n Br	mk	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	ontributions s	and lightlitian for this remarking partial	1 1
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)	,	
Candidate with Committee Certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommod any liabilities nor made any expenditures on my behalf during this reporting personal candidate without Committee	pest of my kn ordance with period that ar	the requirements of M.G.L. c. 55. 11 e not otherwise disclosed in this report	have not received any contributions, rt.
I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this of the contribution of the contrib	in-kind confr	Thutions and liabilities for this remort	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/12/21 David Po HICT 42 Powerst Tamb		422,53	Mass Dot CFU Campayon Ican
	*		
9: Total Receipts o	over \$50 (or listed above)		
10: Total Receipts 5	\$50 and under* (not listed above)		
11: TOTAL RECI	EIPTS IN THE PERIOD	+	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/12/21	Victory Storz	5200 Sh 304h St Davingno, IA 52802	Campayn Syns	422.53
,				
		Line 12: Expenditures over \$50	(or listed above)	422.53
		Line 13: Expenditures \$50 and	under* (not listed above)	_
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	422:53

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Previous	David W. POHIEr	42 Power St Tamton. MA	Previous Rpt	20,2892
9/11/21	David W. Po HIN	42 Pourst Tamton, MA 0278	Porchase Campongn Signs	422.53
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	207/1.73